

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT'S I.D.

627063

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL I.D.	7				
TOTAL D.P.	15				
TOTAL AMEND.	22				

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL I.D.					
TOTAL D.P.					
TOTAL AMEND.					

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